

MONTANA DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
DIVISION OF QUALITY ASSURANCE-CERTIFICATION BUREAU  
2401 COLONIAL DRIVE-2ND FLOOR, PO BOX 202953  
HELENA, MT 59620-2953

APPLICATION FOR APPROVAL AS INSTRUCTOR  
HOME HEALTH AIDE TRAINING PROGRAM

ALL INSTRUCTORS MUST MEET THE FOLLOWING CRITERIA:

1. ALL instructors must:
  - a. have completed a course in teaching adults OR,
  - b. have experience in teaching adults or supervising aides.
2. Supplemental instructors must have at least one year of experience in their field. (example RN, LPN, pharmacist, dietitian, social worker, physical therapist, etc.)
3. Program coordinator and/or clinical instructor must have 2 years of nursing experience, at least 1 year of which must be in the provision of home health care agency services.

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NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FACILITY \_\_\_\_\_

Applying for:

\_\_\_\_\_ Program Coordinator  
\_\_\_\_\_ Clinical Instructor  
\_\_\_\_\_ Supplemental Instructor

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Please enclose the following:

\_\_\_\_\_ A copy of current license/certificate for the State of Montana.  
\_\_\_\_\_ A resume that includes my work and teaching experience.  
\_\_\_\_\_ A completed application.